

Board of Directors meeting: Thursday 16 July 2009

BD2009.57

Subject	Infection Control Work Programme 2009/10			
Purpose of paper	To provide the Committee with a work programme for Infection Control for 2009/10			
Board Lead	Dr James Morris, Medical Director and Director of Infection Prevention and Control			
Background papers (if any)	–			
Action/decision required	To consider the work programme, and approve any further actions			
Key purpose	Strategy	<u>Assurance</u>	Policy	<u>Performance</u>
Strategic Goal	SG1: To be Hospitals of Choice			
Strategic Objectives	SO6: To provide demonstrably excellent clinical outcomes and indicators of patient safety So7: To improve the overall patient experience by offering excellent customer care			
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	All			
Also considered by	Care Quality Board			
Resource and financial impact	Not directly applicable			
Consideration of legal/equality/diversity/engagement issues	The Trust has a duty of care towards its patients and staff			
Acronyms and abbreviations used	C.diff: Clostridium difficile MRSA: Methicillin-resistant <i>Staphylococcus aureus</i>			
Author	Ms Lily O'Connor, Infection Control Manager			

## **Infection Control Annual Programme from 1 April 2009 to 31 March 2010**

### **1 Executive summary**

It is a requirement of the Department of Health that the Board of Directors approves the annual programme of the Infection Control Service.

The Programme for 2009/10 sets out the proposed activities of the infection control team (ICT) which will ensure that the service meets the requirements of the Department of Health along with the Hygiene Code. This programme is based around Standards for Better Health, The Health Act for Infection, Prevention and Control, Saving Lives and the National Cleaning Standards 2007. Learning from incidents, complaints, root cause analysis and observation of care audits has also contributed to this programme.

The programme has the following objectives, that are described in full in 3 to 13 below:

- **To ensure that there are clear lines of ownership and accountability for Infection, Prevention and Control within the organisation.**  
Ownership at local level promotes engagement of the clinical teams, and therefore increased commitment to infection prevention and control.
- **To improve Infection Control Surveillance and Management of Patients with Infection Risk.**  
Isolating patients promptly and appropriately will reduce the risk of spread of infection.
- **To gain assurance that all infection prevention and control policies and procedures are up to date and adhered to across the organisation.**  
Review and audit of policies will ensure compliance with the most up to date practice guidance from evidence-based practice and Department of Health directives. The presence and adherence to key policies is included in the Hygiene Code.
- **To give all staff appropriate and adequate training in infection prevention and control.**  
Adequately-trained staff have the knowledge and skill to assist in the control and prevention of infection.
- **To ensure that the Infection Prevention and Control Team serves the requirements of the organisation by the most efficient and effective means possible in order to carry out the annual plan and other ongoing activities.**  
A responsive, flexible infection control team will be able to support clinical teams in addressing infection control issues, as well as assist in the development of these teams to increase local ownership of managing infection prevention and control.
- **To ensure that every individual in every clinical delivery unit across the Trust demonstrates ownership of and commitment to the reduction of healthcare associated infections.**  
Having knowledge of performance in relation to infection prevention and control at local level will promote a commitment to improvement; such knowledge will be gained from undertaking audits and developing and managing action plans.
- **To give the public whom the Trust serves confidence in the organisation's commitment to preventing the spread of healthcare associated infections.**

The community will consider the Trust its hospitals of choice when deciding where to undergo treatment. By understanding the Trust's strategy and performance indicators for infection prevention and control they will be reassured; comments and complaints related to practice in this area will be reduced.

- **To ensure that the Trust works collaboratively with partners in the local health economy on projects to reduce Healthcare Associated Infections throughout the patient's journey: 'Parry Riposte' SHA funded Project**

£750k was awarded to the Oxfordshire health economy to invest in a project including work streams in antimicrobial stewardship, preventing C.Diff and peripheral cannula insertion and care.

- **To ensure that the Infection Control Team works collaboratively with Estates and Facilities and the Nursing Directorates to ensure the environment is maintained in a way that minimises the risk hospital acquired infections to patients.**

The cleanliness of the environment is key in reducing the spread of healthcare associated infections. Collaborative strategic working ensures the environment is built, maintained and cleaned in an efficient and effective way.

- **To review, and act appropriately upon, all clinical incidents related to infection control**

This allows for learning from incidents both at local and organisational level to assure further development in infection prevention and control.

- **Infection Control will work with the Occupational Health Department to ensure the safety of both staff and patients from the spread of communicable diseases.**

## 2 General Objectives

- **To develop an enhanced programme to focus on promoting the ownership of infection prevention and control by all Trust employees.**
- **To provide assurance that the organisation is committed to a further reduction in the incidence of HAIs.**

## 3 Ensure that there are clear lines of ownership and accountability for Infection, Prevention and Control within the organisation.

Ownership at local level promotes engagement of the clinical teams and therefore increased commitment to infection prevention and control.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
3.1 Maintain Board level involvement in Infection Control	1. Annual infection control programme to be presented to Trust Board	DIPC	Approval of plan at Trust Board	Minutes of Board of Directors meeting	July 2009
	2. Regular updates to Trust Board as part of performance reports	DIPC	Executive and non-executive awareness of HAI performance	Minutes of Meetings	Ongoing
	3. Continue to meet regularly with the Chief Executive (CEO)	DIPC	CEO up to date with IC issues	Minutes of Meetings	Ongoing
	4. Continue to report infection control data and issues to the Care Quality Board	DIPC	Executive awareness of Trust performance of HAIs	Minutes of meetings	Monthly
3.2 The Hospital Infection Control Committee (HICC) will be an effective group, assist in delivering and monitoring the aims of the infection control annual plan.	1. To ensure appropriate external and Internal documents are reported and discussed at HICC.	Medical Director/Director of Nursing and Clinical Leadership	Agenda and Minutes of meetings	Minutes of meetings	Ongoing
	2. Monitor adherence to HICC terms of reference and effectiveness of the committee. Annual review.	DIPC/Infection Control Manager	HICC meets its objectives and remains focused	Report	December 2009
3.3 Infection Control data and issues, both local and Trust wide will be reported and discussed using the 'Ward to Board' approach.	1. Divisional/directorate managers, lead clinicians and Matrons will be clear on what should be reported, where and how.	Divisional Directors of operations, Associate Directors of Nursing for Divisions	All staff within the organisation will have access to knowledge of both local and organisational performance in relation to infection control	Minutes of meetings; ward meetings, CDU meetings, Matrons, Directorate and Divisional Board meetings	Continuous, in line with relevant meeting frequency
	2. Compliance with 'Ward to Board' reporting will be monitored and reported at HICC	Assistant director of Quality and Risk	Continued ownership is promoted	Quality Report to HICC	Quarterly
3.4 Infection prevention and control is a recognised responsibility of all	1. Responsibilities for infection prevention and control will be explicit in every employee's job description.	All recruiting managers, monitored by Directorate Managers	All employees will be aware that Infection Prevention and control is part of their duty of	All job descriptions will have a section describing infection control responsibilities.	Continuous

staff employed within the Trust			employment		
	2. Monthly point prevalence survey of jobs advertised to be undertaken. Feedback to DMs where there is non-compliance and feed back to HICC.	Infection Control Administrator	DMs will be aware of non-compliance and take action	As above	Quarterly
	3. Where there is possible contact with patients/ the patient's environment Infection prevention will be part of every post-holder's Knowledge Skills Framework and this will be assessed through the appraisal process.	All line managers	Infection prevention and control will be considered through the performance management /professional development framework.	Sample KSFs	Continuous, all staff should have an annual KSF appraisal.

**4 Improve Infection Control Surveillance and Management of Patients with Infection Risk. Isolating patients early and appropriately will reduce the risk of spread of infection.**

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
4.1 Clinical teams must assess the infection risk of all patients on or prior to admission in order for infectious patients to be managed appropriately (in line with IC policies)	1. Raise clinical team's awareness of the infection control flagging system on PAS through targeted education where non-compliant. Provide guidance on IC web site.	Infection Control Manager	Early identification of infection risk and appropriate patient management	Isolation audit results will show 'unawareness of pt status' is not a reason for not isolating	Monthly
	2. Assessment criteria to be added to medical clerking process, pre-op assessment and nursing admission assessment paperwork.	DIPC/Medical Director/Director of nursing and Clinical Leadership/Pre-op project lead	As above	As above	July 2009

4.2 Screen all patients in an Intensive Care Unit (ITU) setting for Staphylococcus Aureus	All patients admitted to AITU, PITU, CCU, CTCC, HITU, CITU, NNU and NITU will be screened for Staphylococcus Aureus on admission, weekly and on discharge.	Matrons responsible for each unit/ Infection control manager	To determine if the patient acquired it in the hospital or the community. The strains you may need to isolate patients for in the future.	Monthly ITU reports	August 2009
4.3 To determine a method for monitoring trends in ITU settings	Report all Vancomycin-Resistant Enterococci (VRE), Extended-Spectrum Beta-Lactamase (ESBL), MRSA, MSSA, number of bacteraemia (broken down into line related or other source), results of hand hygiene and saving lives audits. To produce data on VRE, ESBL, MRSA and MSSA from 1997 and compare to present state.	Infection Control service	To have the ability to detect trends and to pick up on outbreaks within the earliest time frame possible.	Monthly ITU reports	August 2009
4.4 To accurately map clusters of <i>Clostridium difficile</i> within the ORH Trust.	To map C. diff strains to patients, wards, sites and specialities.	Biomedical scientist/ Infection Control nursing staff/ Infection Control Doctor/ Infection Control manager	To map the change in strains to the number of cases over time. To determine the mode of transmission.	Report mapping strains to wards from 2006 to 2008.	August 2009
4.5 In accordance with DH guidance, by the end of 10/11 all emergency admissions will be routinely screened for MRSA.	1. Development of a business case identifying the resource requirements for this practice.	Infection Control Doctor/ Infection control Manager	A robust business case will be developed.	The infrastructure required to achieve the goal will be identified.	October 2009
	2. The infrastructure required for delivering this objective will be provided.	Director of Operations for Division C	All emergency admissions will be screened for MRSA	Screening practice will be audited. Audit results will show compliance	January 2010
4.6 Establishing that throat swabs are an effective	1. Design structured data collection tools on ward closures, cancellations of elective	Molecular scientist/	To provide evidence to support a policy to	Results from study.	Initial March 2010

method for detecting Norovirus	admissions, staff absence and waiting time targets, before, during and after outbreaks. Collecting data would allow exploratory investigation of the impact of Norovirus outbreaks.	Infection Control Manager	control the outbreak with less of an impact on the day to day running of the hospital.		
4.7 Introduction of an infection control IT system to streamline surveillance and reporting processes through a linked database. This will enable a more timely response to infection control issues at the point of care delivery.	2. If sample and laboratory service development indicate throat swabs are equivalent to stool samples, detecting cases will be based on taking throat swabs, otherwise, stool samples will be used. 1. Continuous working in partnership with product providers to ensure system is fit for purpose.	Infection Control Doctor/ Infection Control Manager	The system is available to all clinical teams Early response to outbreak scenarios and look back exercises	Successful introduction Quarterly audit at ward level three months after introduction	August 2009 January 2010
4.8 Ensure the development of the CRS project recognises infection prevention and control requirements for effective patient management	1. Identify a designated lead within the team to represent Infection Control on the CRS project.	Infection Control Manager	The CRS system will meet the needs of infection prevention and control for optimal patient management	Infection control attendance at project workshops/ meetings etc.	Ongoing throughout 2009/2010

4 **Gain assurance that all infection prevention and control policies and procedures are up to date and adhered to across the organisation.** Review and audit of policies will ensure compliance with most up to date practice guidance from evidence based practice and DoH directives. The presence and adherence to key policies is included in the Hygiene Code.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
5.1 All policies and procedures will be up to	1. All policies will be reviewed by expert practitioners annually and updated and	Infection Control Manager	All policies will be up to date, thereby	Policies will have date of review within	Each policy annually as

date in relation to best practice guidelines and directives from information resources available.	approved via HICC/Trust Board as necessary.		providing staff with correct guidance.	12 months and relevant version control.	required.
5.2 All policies and procedures will be readily available to all staff within the organisation; staff will know how to access policies and procedures.	<p>1. All policies and procedures will be available in electronic format in all areas via the infection control website on the Trust intranet.</p> <p>2. Staff's knowledge of how to access Infection Control Policies and procedures will be monitored through audit (Nursing and Midwifery Standards) and RCA of HAI cases.</p>	<p>Infection Control Manager</p> <p>DIPC/Infection Control Manager</p>	<p>Availability of policies and procedures will be optimised.</p> <p>Staff will access policies and procedures. Correct patient management should ensue.</p> <p>Knowledge of levels of compliance to policies and procedures will be gained</p>	<p>All policies and procedures can be found on the intranet.</p> <p>Audit results from N&amp;M standards, Minutes from RCA meetings.</p>	<p>Continuous</p> <p>Annual N&amp;M audit. Each RCA review.</p>
5.3 All policies and procedures will be adhered to across the Trust.	<p>1. The annual audit plan will be updated and undertaken to include monitoring compliance with policies and procedures. Results will be reported to HICC.</p> <p>2. Non-compliance (result less than 90%) with policies/procedures will be acted upon in order to improve compliance, through identification of themes from audit results. Education and training needs will be identified and provided as appropriate. A re-audit will occur following re-training.</p>	<p>Infection Control Manager</p> <p>Infection Control Manager</p>	<p>Improved compliance</p>	<p>Audit programme with results reported to HICC</p> <p>Audit results above 90%</p>	<p>May 2009. Audits will be undertaken throughout the year. Report to each HICC as results available.</p> <p>As per annual plan and initial audit results.</p>

**6 All staff within the organisation will receive appropriate and adequate training in infection prevention and control.** Adequately trained staff have the knowledge and skill to assist in the control and prevention of infection.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
6.1 A programme of education and training will be tailored to the needs of the organisation in order that mandatory requirements and additional needs of specific staff groups are met.	1. The training schedule and content will be reviewed in order that the frequency and subject matter meets the needs of different core staff groups including physicians, nurses, AHPs, admin and hotel services. Consideration will be given to the use of e-learning tools.	Senior Infection Control Nurse (lead for education)	All staff will have infection control training relevant to their role and responsibilities.	The use and availability of a variety of teaching tools. Annual training schedule.	June 2009
6.2 Provide a responsive and flexible educational and support service to clinical areas where challenges in maintaining infection prevention and control persist.	1. Ensure there is capacity within the Infection Control Service to meet the educational requirements of the Trust (see also section 7)	Infection Control Manager/DIPC	Challenges in maintaining infection prevention and control are addressed in a timely way.	There is quick turnaround in the performance of a given area where problems have been evident. Evidence through directorate/divisional infection control reports. Training records.	September 2009
6.3 Gain assurance that there is compliance with mandatory training across the Trust.	1. Collaborative working between Infection Control, the Training and Development Department and HR to develop and maintain accurate training records through ESR. 2. Matrons and Directorate managers should monitor compliance with mandatory training. This should be reported at Directorate and Divisional Boards. Feedback to HIICC quarterly.	Infection Control Administrator  Divisional Governance Leads	90% of clinical staff will be up to date.  As above.	Training records held centrally on ESR  Divisional reports. HIICC minutes (quarterly).	Ongoing  September 2009 then quarterly

**7 The Infection Prevention and Control Team serves the requirements of the organisation by the most efficient and effective means possible in order to carry out the annual plan and other ongoing activities.** A responsive, flexible infection control team is able to support clinical teams in addressing infection control issues as well as assist in the development of these teams to increase local ownership of managing infection prevention and control.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
7.1 The structure and function of the team will adapt to meet the requirements of the Trust and deliver the infection control annual plan.	<p>1. Workforce review; ascertain the establishment required to undertake all essential activities and deliver the annual plan. Include any proposals in budget planning.</p> <p>2. Review of organisational structure within the team; evaluate potential new ways of working and new roles, i.e. clinical skills facilitator. Learn from successes within other organisations.</p>	<p>Infection control Manager/DIPC</p> <p>Infection Control Manager/DIPC</p>	<p>The team will be fit for purpose</p> <p>The service will be responsive to the needs of the organisation</p>	<p>The annual plan will run to schedule.</p> <p>Improved HAI outcomes, fewer IC related complaints, fewer IC related incidents</p>	<p>Review September 2009</p> <p>Review September 2009</p>
7.2 The challenges of recruiting trained infection control nurses and turnover of staff will not affect the functioning of the team.	<p>1. Infection Control staff will receive adequate professional development, education and training to undertake their duties effectively. This may require financial support for accredited courses i.e. decontamination degree, infection control course, teaching and management awards.</p> <p>4. The roles and responsibilities of each team member will be clearly defined with goals set and monitored. Regular work plan reviews will identify any difficulties in providing the service.</p> <p>5. The infection control link nurses will be developed to be suitable candidates for an ICN role, through training and education</p>	<p>Infection Control Manager</p> <p>Infection Control Manager</p>	<p>The challenges of recruiting experienced, trained ICNs will be addressed. The service provided will be of the highest standard.</p> <p>The day to day requirements of the Trust and delivery of the Annual Plan will be carried out methodically and with success.</p> <p>Continuity of service</p>	<p>Team members will meet the requirements of their KSF which will be assessed through the appraisal process.</p> <p>Delivery of the Annual Plan Improved HAI outcomes, fewer IC related complaints, fewer IC related incidents</p> <p>Successful and timely recruitment of appropriate</p>	<p>Ongoing</p> <p>Ongoing</p>

	opportunities and support at local level. Link nurse meetings and study days will be continued.	of Nursing and Clinical leadership		candidates to vacancies	
--	---	------------------------------------	--	-------------------------	--

**8 Every individual in every clinical delivery unit across the Trust will demonstrate ownership of and commitment to the reduction of healthcare associated infections.** Having knowledge of performance in relation to infection prevention and control at local level promotes a commitment to improvement; such knowledge will be gained from undertaking audits and developing and managing action plans.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
8.1 All clinical areas will undertake relevant 'Saving Lives' audits appropriately and aim to achieve above 95% compliance with the care bundles.	1. 'Saving Lives' incorporated into annual audit plans, action plan proforma and performance monitoring tools for use at directorate, division and Trust levels. 2. 'Saving Lives' audit results and action plans are reported throughout the Trust in 'ward to board' reports.	Infection Control Manager  Matrons/ Directorate managers/ clinical leads/ Divisional directors/ governance leads	A consistent approach enabling useful data to be produced to inform practice development.  Ownership of results and action plans is at local level and performance managed through the divisional/directorate structure	All clinical areas are able to report saving lives results and action plans.  Minutes of directorate and divisional board meetings	Reviewed monthly  Ongoing
8.2 All clinical areas will undertake hand hygiene audits and aim to achieve at least 95% overall and by all staff groups.	1. Hand hygiene audit results and action plans continue to be reported in 'ward to board' reports.	Infection Control Manager	A consistent approach to hand hygiene audits across the organisation enabling useful data to be produced to inform practice development.	Results of hand hygiene audits from every clinical area	September 2009

**9 The public whom the Oxford Radcliffe Hospitals serve will have confidence in the organisation's commitment to preventing the spread of healthcare associated infections.** The community will consider the ORH the hospital of choice when deciding where to

undergo treatment. By understanding the Trust's strategy and performance indicators for infection prevention and control they will be reassured; comments and complaints related to practice in this area will be reduced.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
9.1 Patients and visitors will be encouraged to support infection prevention and control within the organisation	1. Hand hygiene gel to be available and highly visible at entrance/exit to all clinical areas.	Infection Control Nurses	The public will have confidence in the efforts of the Trust in preventing the spread of infection	Quarterly review of comments and complaints reported to HICC	September 2009
9.2 Comments and complaints relating to infection prevention and control practice will be responded to appropriately.	1. All complaints will be answered in a timely way, meeting the Trust targets for response times.	Infection Control Manager	Evidence of commitment to addressing issues	Response time targets are met	May 2009
	2. All complaints will be reviewed to identify any common themes which will inform areas of practice development to focus on.	Infection Control Manager	Practice issues are addressed	Fewer complaints related to infection control practice	April 2008

**10 The Oxford Radcliffe Hospitals will work collaboratively with partners in the local health economy on projects to reduce Healthcare**

**Associated Infections throughout the patient's journey: 'Parry Riposte' SHA funded Project £750K** was awarded to the Oxfordshire health economy (NOC, ORH, PCT and OBMH) to invest in a project including work streams in antimicrobial stewardship, preventing C.Diff and peripheral cannula insertion and care.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
10.1 Reduce cases of line related bacteraemia through a programme of a package of measures.	1. Continue to investigate all line related bacteraemia (MSSA and MRSA)	Infection Control Manager	Improved awareness of issues relating to line care	Root Cause Analysis findings	Ongoing
	2. Update minimum standards for peripheral line insertion in accordance with the 'Saving Lives' care bundle.	Infection Control Manager	Best practice guidelines will exist	Guidelines available on intranet	June 2009
	3. Introduce a peripheral cannula insertion pack.	Infection Control Manager	All peripheral lines will be inserted in accordance with guidelines	'Saving Lives' audit results show compliance above 95%	June - July 2009
	4. Update and deliver a competence	Senior Infection	Equipment is	As above	August 2009

	framework for the insertion of peripheral lines	Control Nurse (procurement lead)	standardised and best practice promoted	
	5. Work collaboratively with the Ambulance Trust in developing line insertion practice in emergency situations	Infection Control Manager	Reduce the risk of line infections in cannulas inserted under less than ideal circumstances	July 2008
<b>Objective</b>	<b>Action</b>	<b>Lead</b>	<b>Outcome</b>	<b>Date to be achieved</b>
10.2 Development of a Whole Health Economy project to prevent urinary catheter related infections	<ol style="list-style-type: none"> <li>To carry out a scoping exercise to establish the products in use.</li> <li>To procure the same products across Oxfordshire Health Economy.</li> <li>To develop Oxfordshire whole economy guidelines for the insertion and after care of urinary catheters.</li> </ol>	Contingence advisor project lead/ Infection Control Manager	Reduction in the procurement of urinary catheters.	December 2009

**11 The Infection Control Team will work collaboratively with Estates and Facilities and the Nursing Directorates to ensure the environment is maintained in a way that minimises the risk hospital acquired infections to patients.** The cleanliness of the environment is key in reducing the spread of healthcare associated infections. Collaborative strategic working ensures the environment is built, maintained and cleaned in an efficient and effective way.

<b>Objective</b>	<b>Action</b>	<b>Lead</b>	<b>Outcome</b>	<b>Evidence</b>	<b>Date to be achieved</b>
11.1 The infection control team will provide expert opinion and advice on all new developments or refurbishments.	<ol style="list-style-type: none"> <li>the team will examine all new proposals for new buildings, fittings and furnishings and advice on impact to infection control practice</li> </ol>	Infection Control team	The fabric and furnishing of new builds and refurbishments will meet infection control guidelines	Records of consults	Ongoing
11.2 Infection Control will be represented on all TEAR and PEAT visits throughout the Trust	<ol style="list-style-type: none"> <li>A member of the nursing team will attend all visits</li> </ol>	Infection Control Manager	Identification of infection control issues	TEAR and PEAT reports	Ongoing
11.3 The Infection Control	<ol style="list-style-type: none"> <li>Provide education to contractors</li> </ol>	Infection Control	Contract staff will	Training records	Ongoing

Team will provide expert advice to inform decontamination processes throughout the Trust			Nurses	support infection control practice		
	2. Provide advice and up to date guidance on cleaning products and methods	Infection Control Nurses	Optimal cleaning for infection control	NCS audit results	Ongoing	
	3. Provide <i>C.Diff</i> surveillance information to facilities in order for enhanced cleaning compliance to be monitored	Infection Control Nurses	Enhanced cleans will be undertaken when appropriate	Facilities cleaning reports	Ongoing	
	1. Produce a ward cleaning manual for all clinical areas	Senior Infection Control Nurse (decontamination lead)	Wards will know what to use to clean equipment and cleaning frequency	Record sheets	May 2008	
11.4 Provide guidance to clinical areas on decontamination of patient equipment	2. Continue to support the development of a dedicated laundry facility for slings, sliding sheets etc	As above	Patient equipment will be laundered correctly	Availability of facility, no inappropriately placed / non-compliant washing machines	August 2008	
	3. A representative from infection control will attend the ORH Decontamination Committee.	As above	Infection control expertise will contribute to the decontamination strategy and decision making	Attendance records and minutes of meetings	May 2008	

**12. All clinical incidents related to infection control will be reviewed and acted upon appropriately.** This allows for learning from incidents both at local and organisational level to assure further development in infection prevention and control.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
12.1 The Trust will learn from infection control related incidents.	1. Review all incident forms to ensure there are actions to prevent reoccurrence	Infection Control Manager	Local learning from incident	Incident forms	Ongoing
	2. Review all incident forms to identify any trends. Identify and deliver measures needed, i.e. trust-wide education, revised guidelines to prevent reoccurrence.	Infection Control Manager	Trust-wide learning from incidents	Reduction in common themed incidents	Ongoing

	3. Reporting of all <i>C.Diff</i> deaths in accordance with Trust protocol as an SUI	Infection Control Manager	Trust wide learning from <i>C.Diff</i> Deaths, reduction in <i>C.Diff</i> deaths	Database	Ongoing
	4. Undertake full Root Cause Analysis for every MRSA bacteraemia case, incorporating a review meeting with clinical teams.	DIPC	Learning from MRSA bacteraemia cases	Fewer MRSA bacteraemias with common themes of sub-optimal practice.	Ongoing

**13. Infection Control will work with the Occupational Health (OH) Department to ensure the safety of both staff and patients from the spread of communicable diseases.**

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
13.1 Ensure appropriate pre-employment health screening and employee immunisation.	1. OH will adhere to policy regarding pre-employment screening and immunisation of employees.	Evie Kemp	Prevent patient to staff transmission of communicable diseases	Staff OH records	Continuous
13.2 Appropriate pre-employment health screening, and exclusion of staff with communicable diseases.	1. OH will adhere to policy regarding pre-employment health screening and exclusion of staff with communicable diseases.	Evie Kemp	Prevent staff to patient transmission of communicable diseases	Staff OH records	Continuous
13.3 Management and proactive prevention of needlestick injuries and subsequent blood borne virus transmission	1. OH and Infection Control to contribute to any taskforce groups focussing on reduction of sharps	Evie Kemp / Infection Control	Fewer needlestick injuries and subsequent blood borne virus transmission	OH records	Continuous
	2. Trust-wide introduction of safety cannulas	Director of Nursing and Clinical Leadership	Only safety cannulas will be in use in the ORH	Procurement records	July 2008
	3. Improved compliance with sharps bin usage guidelines through audit and action	Infection Control	Fewer sharps injuries subsequent to misuse	OH records, improved audit	Annual sharps bin audit

	plans for improvement.		of sharps bins	results
--	------------------------	--	----------------	---------

Department of Health (2007) 'Saving Lives: reducing infection, delivering clean, safe care' [www.clean-safe-care.nhs.uk](http://www.clean-safe-care.nhs.uk)

[Department of Health \(2006\) The Health Act www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health (2004) Standards for Better Health [www.dh.gov.uk](http://www.dh.gov.uk)

National Patient Safety Agency (2007) The National Specifications for Cleanliness in the NHS [www.npsa.nhs.uk](http://www.npsa.nhs.uk)